

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

INFINITY COMPUTER	:	
PRODUCTS, INC.	:	
	:	
Plaintiff	:	Civil Action No. 10-CV-03175-LDD
	:	
	:	
	:	COMPLAINT FOR PATENT
	:	INFRINGEMENT
	:	
BROTHER INTERNATIONAL	:	
CORPORATION;	:	DEMAND FOR JURY TRIAL
CANON USA, INC.;	:	
DELL, INC.;	:	
EASTMAN KODAK COMPANY;	:	
EPSON AMERICA INC.;	:	
HEWLETT-PACKARD	:	
COMPANY;	:	
KONICA MINOLTA BUSINESS	:	
SOLUTIONS, U.S.A., INC.;	:	
LEXMARK INTERNATIONAL,	:	
INC.;	:	
OKI DATA AMERICAS, INC.;	:	
PANASONIC CORPORATION	:	
OF NORTH AMERICA;	:	
RICOH AMERICAS	:	
CORPORATION;	:	
SAMSUNG ELECTRONICS	:	
AMERICA, INC.;	:	
SHARP ELECTRONICS	:	
CORPORATION;	:	
TOSHIBA AMERICA BUSINESS	:	
SOLUTIONS, INC.	:	
and	:	
XEROX CORPORATION,	:	
	:	
Defendants	:	

AFFIDAVIT OF SERVICE

This is to certify that defendant, Eastman Kodak Company, with an address of
343 State Street, Rochester, NY 14650 was served a Civil Action Complaint in the above matter

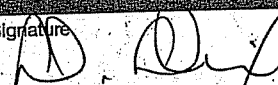
via the United States Postal Service, Certified Mail on July 8, 2010. A copy of the Certified Mail return receipt is attached hereto.

Date: July 20, 2010

/s/ Robert L. Sachs, Jr. _____

Robert L. Sachs, Jr.

Attorney for Plaintiffs

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> Eastman Kodak Company 343 State Street Rochester, NY 14650 </div>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 7-8-10</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> 7003 3110 0005 5932 6548 </div>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	